



# Maricopa County

Human Services Department  
Workforce Development Division

## APPLICATION FOR THE MARICOPA COUNTY WORKFORCE DEVELOPMENT BOARD

In accordance with the Workforce Innovation and Opportunity Act (WIOA), signed into law on July 22, 2014, Maricopa County has established a Workforce Development Board (WDB) which assists in strategic planning, oversight, and evaluation of the local workforce development area, promoting effective outcomes consistent with statewide goals, objectives, and negotiated local performance. WDB members are appointed by the Maricopa County Board of Supervisors (BOS) to represent specified categories of the community as listed in section V below. Applicants may select more than one category, however must certify certifications for each category.

Individuals interested in serving on the WDB must complete and submit this Application along with a copy of their current resume to the Maricopa County Workforce Development Board Liaison. In addition, Applicants seeking to represent Business, Labor Organizations, Adult Education and Literacy or Higher Education must submit their completed Nomination Form(s) with this Application (See Section V for additional information about nomination requirements). **This Application and the related Nomination Form(s), if any, may be subject to public disclosure.**

I. Personal Information				
Name:		County of residence:		
Home Address:		City:	State:	Zip Code:
Mailing Address:		City:	State:	ZIP Code:
Home Phone (Include area code)		Alternate Phone (e.g. cell)		Email Address:
Best time to be reached:	Preferred Method of Contact: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Other: _____			
II. Occupational Information				
Industry Sector:		Occupation/Title:		
Employer:				
Address:		City:	State:	Zip Code:
Business Phone:		Fax:		Email:
III. Describe how your participation on the Maricopa County WDB would advance Workforce Development programs in the County.				
IV. List any other Local/National Boards, Committees, and Commissions you are presently serving on.				

**V. Eligibility Certification** (Indicate below each membership category for which you are applying. You may mark more than one category, however you must certify your qualifications for each category for which you are applying. Applications for Business Member, Labor Organization, Adult Education and Literacy and/or Higher Education must be accompanied by a completed Nomination form from an appropriate nomination organization.)

☐ **Business Member:** I hereby certify, by my initials here: \_\_\_\_\_, that I am: (i) The owner, chief executive, or operating officer with optimum policy-making or hiring authority for the business (listed below); (ii) From a business that provides employment opportunities in the region (employees other than the owner) that include, at a minimum, high-quality, work-relevant training and development; (iii) From a business that represents an in-demand industry sector or occupation in the local area (to be verified by staff using labor market information); and (iv) Being nominated by a local business organization or business trade association. (Nomination Form from must be attached to this Application.)

Name of Business: \_\_\_\_\_

Do you represent a "small business," as defined by the U.S. Small Business Administration? ☐ Yes ☐ No

☐ **Labor Organization:** I hereby certify, by my initials here: \_\_\_\_\_, that I am: (i) A representative of the labor organization listed below; and (ii) Being nominated by a local labor federation. (Nomination Form from must be attached to this Application.)

Name of Organization: \_\_\_\_\_

☐ **Joint Labor-Management Apprenticeship Program:** I hereby certify, by my initials here: \_\_\_\_\_, that I am a representative from the joint labor-management apprenticeship program listed below.

Name of Organization: \_\_\_\_\_

☐ **Community-based Organization:** I hereby certify, by my initials here: \_\_\_\_\_, that I am a representative of a community-based organization (listed below) with demonstrated experience and expertise in addressing the employment needs of (i) Individuals with barriers to employment, including an organization that serves veterans or provides or supports competitive integrated employment for individuals with disabilities; and/or (ii) Eligible youth, including representatives of organizations that serve out-of-school youth.

Name of Organization: \_\_\_\_\_

☐ **Adult Education and Literacy:** I hereby certify, by my initials here: \_\_\_\_\_, that I am: (i) A representative of an eligible provider (listed below) administering adult education and literacy activities under Title II of WIOA; and (ii) Being nominated by a provider of adult education and literacy activities under Title II of WIOA. ( Nomination Form from must be attached to this Application)

Name of Institution: \_\_\_\_\_

☐ **Higher Education:** I hereby certify, by my initials here: \_\_\_\_\_, that I am (i) a representative of an institution of higher education (listed below) providing workforce investment activities (including community colleges) ; and (ii) Being nominated by an institution of higher education providing workforce investment activities (including community colleges). ( Nomination Form from must be attached to this Application)

Name of Institution: \_\_\_\_\_

☐ **Economic and Community Development:** I hereby certify, by my initials here: \_\_\_\_\_, that I am a representative of an economic and community development entity.

Name of Entity: \_\_\_\_\_

☐ **State Employment Office:** I hereby certify, by my initials here: \_\_\_\_\_, that I am a representative of the State employment service office under the Wagner-Peyser Act (29 U.S.C. 49 *et seq.*) serving the local area.

☐ **Vocational Rehabilitation:** I hereby certify, by my initials here: \_\_\_\_\_, that I am a representative of a program (listed below) carried out under Title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 *et seq.*) serving the local area.

Name of Program: \_\_\_\_\_

Please be advised those members of the Maricopa County WDB:

- Are required to take an Oath of Office
- Must comply with the County's internal policy on Professional Conduct (HR2421)
- Must follow Arizona Law on Conflict of Interest (Section 38-501 et seq.)

I hereby certify that all statements in this application are true and complete to the best of my knowledge and execute this application under penalty or perjury. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

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Signature of Applicant

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Date

Please submit completed application, resume, and nomination form (if applicable) to:

Maricopa County Human Services Department  
Workforce Development Division  
Attn: Nancy Avina, Board Liaison

Email submission preferred:  
[avinan@mail.maricopa.gov](mailto:avinan@mail.maricopa.gov)

or

mail hard copies to:  
Maricopa County Human Services Department  
234 N. Central Avenue, 3<sup>rd</sup> Floor, Phoenix, AZ 85004

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**County Use Only – Do not Write Below This Line**

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**Workforce Development Division**

Date Received: _____	Received by: _____
Date Reviewed: _____	Reviewed by: _____
Date Referred to COB: _____	

**Clerk of the Board of Supervisors (COB)**

Date Received: _____	Received by: _____
Date Referred to BOS: _____	

**Board of Supervisors (BOS)**

Date Received: _____	Recommend to Appoint: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	
_____	
_____	